

Fill in this information to identify your case:

United States Bankruptcy Court for the:

Southern District of Ohio

Case number (If known): _____

Chapter you are filing under:

- ☐ Chapter 7
☐ Chapter 11
☐ Chapter 12
☒ Chapter 13

☐ Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

04/20

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

| | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 1. Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. | Thomas First name Leland Middle name Wortman Last name Suffix (Sr., Jr., II, III) | Jodi First name M Middle name Wortman Last name Suffix (Sr., Jr., II, III) |
| 2. All other names you have used in the last 8 years Include your married or maiden names. | | Jodi M Moore Jodi M Flood |
| 3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx - xx - 5 4 8 6 OR 9 xx - xx - | xxx - xx - 0 4 1 3 OR 9 xx - xx - |

Debtor 1

Thomas Leland Wortman & Jodi M Wortman

First Name

Middle Name

Last Name

Case number (if known)

About Debtor 1:

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years

Include trade names and *doing business as* names

☒ I have not used any business names or EINs.

Business name

Business name

EIN

EIN

About Debtor 2 (Spouse Only in a Joint Case):

☒ I have not used any business names or EINs.

Business name

Business name

EIN

EIN

5. Where you live

214

Number Street

Sand St

Crooksville

OH

43731

City

State

ZIP Code

Perry County

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City

State

ZIP Code

If Debtor 2 lives at a different address:

Number Street

City

State

ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number Street

P.O. Box

City

State

ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.
(See 28 U.S.C. § 1408.)

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.
(See 28 U.S.C. § 1408.)

Debtor 1

Thomas Leland Wortman & Jodi M Wortman

First Name

Middle Name

Last Name

Case number (if known) _____

Part 2: Tell the Court About Your Bankruptcy Case**7. The chapter of the Bankruptcy Code you are choosing to file under**

Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

☐ Chapter 7☐ Chapter 11☐ Chapter 12☒ Chapter 13**8. How you will pay the fee**

☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).

☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?☒ No☐ Yes.

District _____ When _____ Case number _____

District _____ When _____ Case number _____

District _____ When _____ Case number _____

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?☒ No☐ Yes.

Debtor _____

Relationship to you _____

District _____ When _____ Case number, if known _____

Debtor _____

Relationship to you _____

District _____ When _____ Case number, if known _____

11. Do you rent your residence?☒ No. Go to line 12.☐ Yes. Has your landlord obtained an eviction judgment against you?☐ No. Go to line 12.

☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Debtor 1

Thomas Leland Wortman & Jodi M Wortman

First Name

Middle Name

Last Name

Case number (if known)

Part 3: Report About Any Businesses You Own as a Sole Proprietor**12. Are you a sole proprietor of any full- or part-time business?**☒ No. Go to Part 4.☐ Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number Street

City

State

ZIP Code

Check the appropriate box to describe your business:

☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))☐ None of the above**13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor or a debtor as defined by 11 U.S.C. § 1182(1)?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor or a debtor choosing to proceed under Subchapter V so that it can set appropriate deadlines. If you indicate that you are a small business debtor or you are choosing to proceed under Subchapter V, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

☒ No. I am not filing under Chapter 11.☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.☐ Yes. I am filing under Chapter 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention****14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**☒ No☐ Yes. What is the hazard?

If immediate attention is needed, why is it needed?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

Where is the property?

Debtor 1

Thomas Leland Wortman & Jodi M Wortman

First Name

Middle Name

Last Name

Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

- ☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

- ☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

- ☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

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- ☐ **I am not required to receive a briefing about credit counseling because of:**

- ☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

- ☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

- ☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1

Thomas Leland Wortman & Jodi M Wortman

First Name

Middle Name

Last Name

Case number (if known)

Part 6: Answer These Questions for Reporting Purposes**16. What kind of debts do you have?****16a. Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

- ☐ No. Go to line 16b.
☒ Yes. Go to line 17.

16b. Are your debts primarily business debts? *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

- ☐ No. Go to line 16c.
☐ Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer debts or business debts.**17. Are you filing under Chapter 7?**☒ No. I am not filing under Chapter 7. Go to line 18.

Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?

- ☐ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?
- ☐ No
☐ Yes

18. How many creditors do you estimate that you owe?

- ☒ 1-49
☐ 50-99
☐ 100-199
☐ 200-999
- ☐ 1,000-5,000
☐ 5,001-10,000
☐ 10,001-25,000
- ☐ 25,001-50,000
☐ 50,001-100,000
☐ More than 100,000

19. How much do you estimate your assets to be worth?

- ☒ \$0-\$50,000
☐ \$50,001-\$100,000
☐ \$100,001-\$500,000
☐ \$500,001-\$1 million
- ☐ \$1,000,001-\$10 million
☐ \$10,000,001-\$50 million
☐ \$50,000,001-\$100 million
☐ \$100,000,001-\$500 million
- ☐ \$500,000,001-\$1 billion
☐ \$1,000,000,001-\$10 billion
☐ \$10,000,000,001-\$50 billion
☐ More than \$50 billion

20. How much do you estimate your liabilities to be?

- ☐ \$0-\$50,000
☒ \$50,001-\$100,000
☐ \$100,001-\$500,000
☐ \$500,001-\$1 million
- ☐ \$1,000,001-\$10 million
☐ \$10,000,001-\$50 million
☐ \$50,000,001-\$100 million
☐ \$100,000,001-\$500 million
- ☐ \$500,000,001-\$1 billion
☐ \$1,000,000,001-\$10 billion
☐ \$10,000,000,001-\$50 billion
☐ More than \$50 billion

Part 7: Sign Below**For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X /s/ Thomas Leland Wortman

Signature of Debtor 1

Executed on 09/18/2020

MM / DD / YYYY

X /s/ Jodi M Wortman

Signature of Debtor 2

Executed on 09/18/2020

MM / DD / YYYY

Debtor 1

Thomas Leland Wortman & Jodi M Wortman

First Name

Middle Name

Last Name

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

X

/s/ Mitchell Marczewski

Date

09/18/2020

Signature of Attorney for Debtor

MM / DD / YYYY

Mitchell Marczewski

Printed name

Marczewski Law Offices LLC

Firm name

1020 Maple Ave

Number Street

Zanesville

City

OH

State

43701-3069

ZIP Code

Contact phone 7404538900

Email address mitch@zanesvillelawyer.com

0073258

Bar number

OH

State

Fill in this information to identify your case:

Debtor 1 Thomas Leland Wortman
First Name Middle Name Last Name

Debtor 2 Jodi M Wortman
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Southern District of Ohio

Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

| | | Your assets Value of what you own |
|---------------------------------------------------------------------------|--|--------------------------------------|
| 1. <i>Schedule A/B: Property</i> (Official Form 106A/B) | | |
| 1a. Copy line 55, Total real estate, from <i>Schedule A/B</i> | | \$ <u>25,510.00</u> |
| 1b. Copy line 62, Total personal property, from <i>Schedule A/B</i> | | \$ <u>12,810.00</u> |
| 1c. Copy line 63, Total of all property on <i>Schedule A/B</i> | | \$ <u>38,320.00</u> |

Part 2: Summarize Your Liabilities

| | | Your liabilities Amount you owe |
|-----------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------|
| 2. <i>Schedule D: Creditors Who Have Claims Secured by Property</i> (Official Form 106D) | | |
| 2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> | | \$ <u>19,228.00</u> |
| 3. <i>Schedule E/F: Creditors Who Have Unsecured Claims</i> (Official Form 106E/F) | | |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> | | \$ <u>16,511.79</u> |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> | | + \$ <u>14,614.00</u> |
| Your total liabilities | | \$ <u>50,353.79</u> |

Part 3: Summarize Your Income and Expenses

| | | |
|---------------------------------------------------------------------------|--|--------------------|
| 4. <i>Schedule I: Your Income</i> (Official Form 106I) | | |
| Copy your combined monthly income from line 12 of <i>Schedule I</i> | | \$ <u>4,015.34</u> |
| 5. <i>Schedule J: Your Expenses</i> (Official Form 106J) | | |
| Copy your monthly expenses from line 22c of <i>Schedule J</i> | | \$ <u>3,255.34</u> |

Debtor 1

Thomas Leland Wortman

First Name

Middle Name

Last Name

Case number (if known)

Part 4: Answer These Questions for Administrative and Statistical Records**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes

7. What kind of debt do you have?

- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ 5,329.49

9. Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*.**Total claim****From Part 4 on *Schedule E/F*, copy the following:**

| | |
|------------------------------------------------------------------------------------------------------------------------------|--------------|
| 9a. Domestic support obligations (Copy line 6a.) | \$ 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ 16,511.79 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | + \$ 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ 16,511.79 |

Fill in this information to identify your case and this filing:

Debtor 1 Thomas Leland Wortman
First Name Middle Name Last Name

Debtor 2 Jodi M Wortman
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Southern District of Ohio

Case number _____
(if known)

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☐ No. Go to Part 2
☒ Yes. Where is the property?

1.1 214 Sand St
Street address, if available, or other description

Crooksville OH 43731
City State ZIP Code

Perry County
Country

What is the property? Check all that apply

- ☒ Single-family home
☐ Duplex or multi-unit building
☐ Condominium or cooperative
☐ Manufactured or mobile home
☒ Land
☐ Investment property
☐ Timeshare
☐ Other _____

Who has an interest in the property? Check one

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*:

| Current value of the entire property? | Current value of the portion you own? |
|---------------------------------------|---------------------------------------|
| \$ <u>25,510.00</u> | \$ <u>25,510.00</u> |

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Fee simple _____

☐ Check if this is community property

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....>

\$ 25,510.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No
☒ Yes

3.1 Make: Ford
Model: Focus
Year: 2008
Approximate mileage: 147830
Other information:

Condition: Fair;

Who has an interest in the property? Check one

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*:

| Current value of the entire property? | Current value of the portion you own? |
|---------------------------------------|---------------------------------------|
| \$ <u>2,200.00</u> | \$ <u>2,200.00</u> |

Debtor 1

Thomas Leland Wortman
First Name Middle Name Last Name

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Case number(if known)

3.2 Make: Ford
 Model: Escape
 Year: 2017
 Approximate mileage: 103518
 Other information:

Condition: Fair

Who has an interest in the property? Check one

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*:

Current value of the entire property?

\$ 7,210.00

Current value of the portion you own?

\$ 7,210.00

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☒ No
☐ Yes

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....

\$ 9,410.00**Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?

6. Household goods and furnishings

Do not deduct secured claims or exemptions.

Examples: Major appliances, furniture, linens, china, kitchenware

- ☐ No
☒ Yes. Describe...

Location: Debtors' residence

Misc furniture, value: \$250; Misc Appliances, value: \$250; Misc lawn equipment, value: \$300; Misc tools, value: \$500.

\$ 1,300.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

- ☐ No
☒ Yes. Describe...

Location: Debtors' residence

Misc electronics

\$ 550.00

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

- ☒ No
☐ Yes. Describe...

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

- ☐ No
☒ Yes. Describe...

Location: Debtors' residence

Misc fishing and sporting goods

\$ 250.00

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

- ☒ No
☐ Yes. Describe...

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

- ☐ No
☒ Yes. Describe...

Location: Debtors' residence

Misc clothing

\$ 300.00

Debtor 1

Thomas Leland Wortman
First Name Middle Name Last Name

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Case number(if known)

12. Jewelry*Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems
gold, silver

- ☒ No
☐ Yes. Describe...

13. Non-farm animals*Examples:* Dogs, cats, birds, horses

- ☐ No
☒ Yes. Describe...

Location: Debtors' residence

\$ 0.00

14. Any other personal and household items you did not already list, including any health aids you did not list

- ☒ No
☐ Yes. Give specific information...

15. Add the dollar value of the portion you own for all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here.....

\$ 2,400.00

Part 4: Describe Your Financial Assets**Do you own or have any legal or equitable interest in any of the following?****Current value of the portion you own?**
Do not deduct secured claims or exemptions.**16. Cash***Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

- ☒ No
☐ Yes..... Cash \$ _____

17. Deposits of money*Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses and other similar institutions. If you have multiple accounts with the same institution, list each.

- ☐ No
☒ Yes..... Institution name:

17.1. Checking account: Park National Bank

\$ 1,000.00

18. Bonds, mutual funds, or publicly traded stocks*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts

- ☒ No
☐ Yes.....

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

- ☒ No
☐ Yes. Give specific information about them.....

20. Government and corporate bonds and other negotiable and non-negotiable instrumentsNegotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

- ☒ No
☐ Yes. Give specific information about them.....

21. Retirement or pension accounts*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

- ☒ No
☐ Yes. List each account separately

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

- ☒ No
☐ Yes.....

Debtor 1

Thomas Leland Wortman
First Name Middle Name Last Name

Document Page 13 of 70

Case number(if known)

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

- ☒ No
☐ Yes.....

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

- ☒ No
☐ Yes.....

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

- ☒ No
☐ Yes. Give specific information about them...

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property*Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements

- ☒ No
☐ Yes. Give specific information about them...

27. Licenses, franchises, and other general intangibles*Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

- ☒ No
☐ Yes. Give specific information about them...

Money or property owed to you?

**Current value of the
portion you own?**
Do not deduct secured
claims or exemptions.

28. Tax refunds owed to you

- ☒ No
☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...

| |
|--|
| |
|--|

| | |
|----------|---------|
| Federal: | \$ 0.00 |
| State: | \$ 0.00 |
| Local: | \$ 0.00 |

29. Family support*Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

- ☒ No
☐ Yes. Give specific information....

30. Other amounts someone owes you*Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

- ☒ No
☐ Yes. Give specific information....

31. Interests in insurance policies

- ☒ No
☐ Yes. Name the insurance company of each policy and list its value....

32. Any interest in property that is due you from someone who has died

- ☒ No
☐ Yes. Give specific information....

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

- ☒ No
☐ Yes. Give specific information....

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

- ☒ No
☐ Yes. Give specific information....

35. Any financial assets you did not already list

- ☒ No
☐ Yes. Give specific information...

36. Add the dollar value of the portion you own for all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....**\$1,000.00**

Debtor 1

Thomas Leland Wortman

First Name

Middle Name

Last Name

Document

Page 14 of 70

Case number(if known)

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

- ☒ No. Go to Part 6.
☐ Yes. Go to line 38.

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.

If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any business-related property?

- ☒ No. Go to Part 7.
☐ Yes. Go to line 47.

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

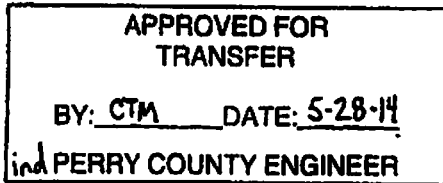
- ☒ No
☐ Yes. Give specific
information...

54. Add the dollar value of all of your entries from Part 7. Write that number here >

\$ 0.00

Part 8: List the Totals of Each Part of this Form

| | | | |
|------------------------------------------------------------------|--------------|-------------------------------|----------------|
| 55. Part 1: Total real estate, line 2.....> | | | \$25,510.00 |
| 56. Part 2: Total vehicles, line 5 | \$ 9,410.00 | | |
| 57. Part 3: Total personal and household items, line 15 | \$ 2,400.00 | | |
| 58. Part 4: Total financial assets, line 36 | \$ 1,000.00 | | |
| 59. Part 5: Total business-related property, line 45 | \$ 0.00 | | |
| 60. Part 6: Total farm- and fishing-related property, line 52 | \$ 0.00 | | |
| 61. Part 7: Total other property not listed, line 54 | + \$ 0.00 | | |
| 62. Total personal property. Add lines 56 through 61 | \$ 12,810.00 | Copy personal property total> | + \$ 12,810.00 |
| 63. Total of all property on Schedule A/B. Add line 55 + line 62 | | | \$ 38,320.00 |



Instrument 201400001888 OR Book Page 405 2550

201400001888
Filed for Record in
PERRY COUNTY, OHIO
JACKIE HOOVER, RECORDER
06-09-2014 At 07:48 am.
DEED 36.00
OR Book 405 Page 2550 - 2552

TRANSFERRED
DATE 6-5-14
SEC. 319.54 50
SEC. 319.202 COMPLIED
WITH AMT. 5
TERESA L. STEVENSON
AUDITOR PERRY CO. OHIO
BY [Signature]

QUIT CLAIM DEED

KNOW ALL MEN BY THESE PRESENTS

THAT PAULA PATE and DAVID PATE, her husband, of La Paz County, State of Arizona, a one-third (1/3) interest, and JANA LAWRENCE, a single person, of Perry County, State of Ohio, a one-third (1/3) interest, for valuable consideration paid, grant to JODI WORTMAN, whose tax-mailing address is 214 Sand Street, Crooksville, OH 43731, all their interest in and to the following real property:

Situated in the Village of Crooksville, County of Perry and State of Ohio and bounded and described as follows:

Being Lot Number 10 in the Village of Crooksville, Ohio.

Plat Book 3, Page 279.

Parcel No. 11-001213-0000.

Property Address: 214 Sand Street, Crooksville, Ohio 43731.

SUBJECT to mortgages of record in O.R. Volume 277, Page 1440 and O.R. Volume 235, Page 500.

Prior Reference: O.R. Volume 395, Page 275.

PAULA PATE and DAVID PATE; and JANA LAWRENCE, the grantors, release all rights of dower therein.

Instrument Book Page
201400001888 OR 405 2551

STATE OF OHIO : ss
Perry County :

Before me, a Notary Public in and for said County and State, personally appeared the above named JANA LAWRENCE, a single person, who acknowledged that she did sign the foregoing instrument and that the same is her free act and deed.

IN TESTIMONY WHEREOF I have hereunto set my hand and official seal, at
CROOKSVILLE, Ohio, this 24th day of MAY, 2013.14

Michael I. Flood Sr.
Michael I. Flood Sr.
5/24/2014 — Commission expires 12/15/14

This instrument was prepared by: Schnittke & Smith, Attorneys at Law, 114 South High Street,
P.O. Box 536, New Lexington, Ohio 43764

THE ATTORNEY PREPARING THIS DOCUMENT MAKES NO WARRANTY AS TO
DESCRIPTION OR TITLE OF PROPERTY DESCRIBED HEREIN.

WORTMANJODI.QCD

Instrument 201400001888 OR Book Page 405 2552

EXECUTED by PAULA PATE and DAVID PATE; and JANA LAWRENCE, this 4th
day of December, 2013.

Signed and acknowledged:

201400001888
SCHNITTKE & SMITH
PICK UP

Paula Pate
Paula Pate

David Pate
David Pate

Jana Lawrence
Jana Lawrence

California
STATE OF ARIZONA : ss
Riverside County :

Before me, a Notary Public in and for said County and State, personally appeared the above named PAULA PATE and DAVID PATE, her husband, who acknowledged that they did sign the foregoing instrument and that the same is their free act and deed.

IN TESTIMONY WHEREOF I have hereunto set my hand and official seal, at
Blythe, California ~~Arizona~~, this 4 day of December, 2013.



Janet L. Letendre
JULY 1, 2016

Parcel: 110012130000

Map Number: 00040002700

GENERAL PARCEL INFORMATION

Owner WORTMAN JODI
Property Address 214 SAND ST OH
Mailing Address WORTMAN JODI
214 SAND ST
CROOKSVILLE OH 43731-1227
Land Use 510 SINGLE FAMILY DWELLING - PLATTED LOT
Legal Description NT BROWNLOT 10

SEC 00
School District CROOKSVILLE EVSD
Tax District 11 CROOKSVILLE CROOKSVILLE EVSD

MAP

A map is not available.

VALUATION

| | Appraised | Assessed |
|--------------------|-------------|------------|
| Land Value | \$8,510.00 | \$2,980.00 |
| Improvements Value | \$17,000.00 | \$5,950.00 |
| Total Value | \$25,510.00 | \$8,930.00 |

| | |
|--------------------|------------|
| Taxable Value | \$8,930.00 |
| Net Annual Tax: | \$4,662.38 |
| Tot Amt Collected: | \$0.00 |

AGRICULTURAL

| Code | Soil | Acres | Rate | Appraised | Assessed | CAUV Rate | CAUV Value | Taxable |
|------|------|-------|------|-----------|----------|-----------|------------|---------|
|------|------|-------|------|-----------|----------|-----------|------------|---------|

Totals:

LAND

| Code | Frontage | Depth | Rate | Total | Value | Acres |
|--------------------|----------|-------|------|------------|------------|-------|
| F - FRONT | 66 | 132/0 | 150 | \$8,500.00 | \$8,500.00 | 0.2 |
| ADJ - ADJUSTMENT - | 0 | 0/0 | 0 | \$0.00 | \$10.00 | 0 |

SALES

| Sale Date | Sale Amount | Buyer | Conv. | Notes |
|------------|-------------|-------------------|-------|-------|
| 6/5/2014 | \$0.00 | WORTMAN JODI | 0 | |
| 4/9/2013 | \$0.00 | WORTMAN JODI ETAL | 0 | |
| 4/7/1997 | \$0.00 | FLOOD ROSE ANNE | 0 | |
| 10/21/1996 | \$8,000.00 | TATMAN CHARLES E | 694 | |
| 9/24/1996 | \$0.00 | TATMAN CHARLES E | 0 | |

| | | | | | | |
|---------------|--------------------------------------------------------------|--------------------|-------|----------------|---------------------------|-----------|
| COMMENTS | | Case 2:20-bk-54361 | Doc 1 | Filed 09/18/20 | Entered 09/18/20 15:26:58 | Desc Main |
| | | Document | | Page 19 of 70 | | |
| Type | Description | | | | | |
| Front of Card | fr pate paula & david & lawrence jana giv up theirint 6/5/14 | | | | | |

Parcel: 110012130000

Map Number: 00040002700

GENERAL PARCEL INFORMATION

Owner WORTMAN JODI
Property Address 214 SAND ST OH
Mailing Address WORTMAN JODI
214 SAND ST
CROOKSVILLE OH 43731-1227
Land Use 510 SINGLE FAMILY DWELLING - PLATTED LOT
Legal Description NT BROWNLOT 10

SEC 00
School District CROOKSVILLE EVSD
Tax District 11 CROOKSVILLE CROOKSVILLE EVSD

VALUATION

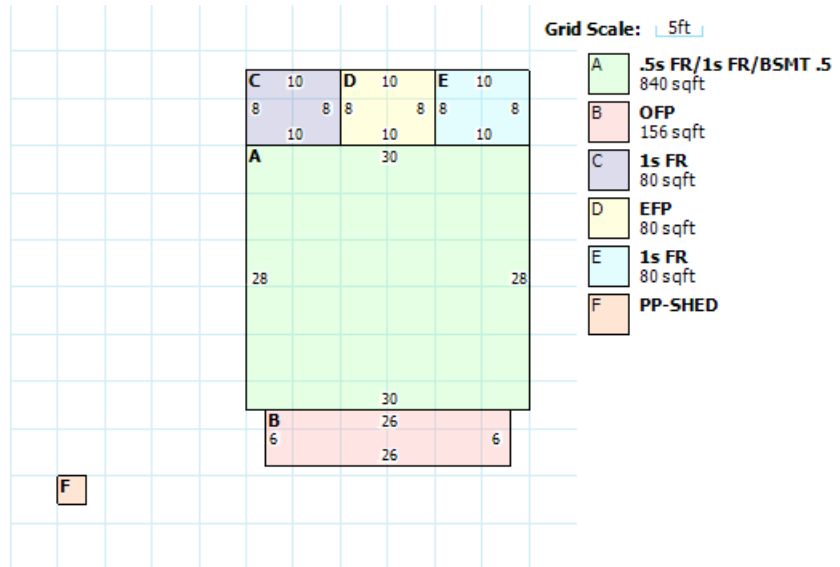
| | Appraised | Assessed |
|--------------------|-------------|------------|
| Land Value | \$8,510.00 | \$2,980.00 |
| Improvements Value | \$17,000.00 | \$5,950.00 |
| Total Value | \$25,510.00 | \$8,930.00 |

| | |
|--------------------|------------|
| Taxable Value | \$8,930.00 |
| Net Annual Tax: | \$4,662.38 |
| Tot Amt Collected: | \$0.00 |

RESIDENTIAL

| | |
|--------------------------------------------|---------------|
| Number Of Stories | 1H |
| Year Built | 1880 |
| Year Remodelled | |
| Grade | D- |
| Condition | P |
| Occupancy | SINGLE FAMILY |
| Construction | |
| RoofType | |
| RoofMaterial | |
| Total Area | 1420 |
| Living Area | 0 |
| Finished Basement Area | 0 |
| Air Conditioned Area | 0 |
| Unheated Area | 0 |
| Total Rooms | 8 |
| Total Bedrooms | 4 |
| Total Full Baths (Including Base Plumbing) | 2 |
| Total Half Baths | 0 |
| Extra Plumbing Fixtures | 0 |
| Value | \$17,010.00 |

SKETCH



IMPROVEMENTS

| Description | Stories | Area | Grade | Year Built | Value |
|-----------------|---------|------|-------|------------|-------|
| PP-SHED PP SHED | | 0 | C | | \$0 |

OHIO CERTIFICATE OF TITLE

STATE OF OHIO

TITLE No. 64 0043 4473
ISSUE DATE 12/28/2019

ISSUING COUNTY PERRY
ISSUING TITLE OFFICE # 6401
RESIDENT COUNTY PERRY

ORIGINAL

| | | | | | |
|---------------------------------------------------|---------------------------------------------------------------------|---------------------|---------------------------------|---------------------------------------|------------------------|
| IDENTIFICATION NUMBER 1FAHP35N88W182341 | YEAR 2008 | MAKE FORD | MAKE DESCRIPTION FORD | MODEL DESCRIPTION FOCUS P35 | BODY TYPE 4D |
| MILEAGE 201,273 | MILEAGE NOTATION NON-ACTUAL WARNING: ODOMETER DISCREPANCY | | | PURCHASE PRICE \$0.00 | TAX \$0.00 |

CONVERSION

EVIDENCE
OH-4502649209

COMMENTS

NOTATION(S)
REBUILT SALVAGE

OWNER(S)
JODI M. WORTMAN

214 SAND ST
CROOKSVILLE, OH 43731

PREVIOUS OWNER(S)
TREVOR C. RAMAGE

1216 ROBIN CT
ZANESVILLE, OH 43701

HAY0802
 LICENSE EXPIRES 9/20/20
 TRANSFER ISSUED
 RUCKWEIGHT
 Registrar of Motor Vehicles

WITNESS MY HAND AND OFFICIAL SEAL THIS 28TH DAY OF DECEMBER, 2019

%200128274



%200128274

MON PLEAS CO.
Timothy J. Wollenberg

TIMOTHY J WOLLENBERG
CLERK OF COURTS

NLO
NLO

TITLE DOCUMENT CONTAINS OHIO WATERMARK WHICH IS VISIBLE WHEN HELD TO LIGHT

ERASURES AND ALTERATIONS VOID THIS TITLE

ERASURES AND ALTERATIONS VOID THIS TITLE

NON-NEGOTIABLE - FOR REGISTRATION ONLY

ISSUING COUNTY SANDUSKY
ISSUING TITLE OFFICE # 7201
RESIDENT COUNTY PERRY

STATE OF OHIO
MEMORANDUM TITLE

TITLE No. 72 0095 3259
ISSUE DATE 03/11/2020

| | | | | | |
|--------------------------------------------|----------------------------|--------------|--------------------------|-------------------------------|-----------------|
| IDENTIFICATION NUMBER 1FMCU9GD3HUC27990 | YEAR 2017 | MAKE FORD | MAKE DESCRIPTION FORD | MODEL DESCRIPTION ESCAPE | BODY TYPE UC |
| MILEAGE 98,328 | MILEAGE NOTATION ACTUAL | | | PURCHASE PRICE \$13,545.00 | TAX \$982.01 |

CONVERSION

EVIDENCE
OH-2515802546

COMMENTS

NOTATION(S)

LICENSE EXPIRES _____
TRANSFER IS TO _____
TRUCK WT. _____
REGISTRAR OF MOTOR VEHICLES

OWNER(S)
JODI M. WORTMAN
& THOMAS L. WORTMAN
214 SAND ST
CROOKSVILLE, OH 43731

! WARNING !
MEMORANDUM TITLE
DO NOT DESTROY

PREVIOUS OWNER(S)
DRIVETIME

3101 MORSE RD
COLUMBUS, OH 43231

DEALER PERMIT
UD019755

FIRST LIENHOLDER DATE OF LIEN 03/11/2020
BRIDGECREST ACCEPTANCE CORP

PO BOX 2997
PHOENIX, AZ 85062

WITNESS MY HAND AND OFFICIAL SEAL THIS 11TH DAY OF MARCH, 2020

%207216531

TRACY OVERMYER
CLERK OF COURTS

G

CML
CML

Fill in this information to identify your case:

| | | | |
|-------------------------------------------------------------------|-----------------------|-------------|-----------|
| Debtor 1 | Thomas Leland Wortman | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | | | |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: Southern District of Ohio | | | |
| Case number (if known) | | | |

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt**1. Which set of exemptions are you claiming?** Check one only, even if your spouse is filing with you.

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| Debtor 1 Exemptions | Copy the value from Schedule A/B | Check only one box for each exemption | |
| Brief description: Household goods - Location: Debtors' residence Misc furniture, value: \$250; Misc Appliances, value: \$250; Misc lawn equipment, value: \$300; Misc tools, value: \$500. | \$ 1,300.00 | <input checked="" type="checkbox"/> \$ 650.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 2329.66(A)(4)(a) |
| Line from Schedule A/B: 6 | | | |
| Brief description: Electronics - Location: Debtors' residence Misc electronics | \$ 550.00 | <input checked="" type="checkbox"/> \$ 275.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 2329.66(A)(4)(a) |
| Line from Schedule A/B: 7 | | | |
| Brief description: Sports and hobby equipment - Location: Debtors' residence Misc fishing and sporting goods | \$ 250.00 | <input checked="" type="checkbox"/> \$ 125.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 2329.66(A)(4)(a) |
| Line from Schedule A/B: 9 | | | |

3. Are you claiming a homestead exemption of more than \$170,350?

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No
☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
☐ No
☐ Yes

Debtor Thomas Leland Wortman Document Page 24 of 70 Case number (if known) _____

First Name Middle Name Last Name

Part 2: Additional Page

| Brief description of the property and line on <i>Schedule A/B</i> that lists this property | Current value of the portion you own Copy the value from <i>Schedule A/B</i> | Amount of the exemption you claim Check only one box for each exemption | Specific laws that allow exemption |
|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| Clothing - Location: Debtors' residence Brief description: Misc clothing Line from <i>Schedule A/B</i> : 11 | \$300.00 | <input checked="" type="checkbox"/> \$ 150.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 2329.66(A)(4)(a) |
| Park National Bank (Checking) Brief description: Line from <i>Schedule A/B</i> : 17.1 | \$1,000.00 | <input checked="" type="checkbox"/> \$ 500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 2329.66(A)(3) |
| Brief description: Line from <i>Schedule A/B</i> : | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | |
| Brief description: Line from <i>Schedule A/B</i> : | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | |
| Brief description: Line from <i>Schedule A/B</i> : | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | |
| Brief description: Line from <i>Schedule A/B</i> : | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | |
| Brief description: Line from <i>Schedule A/B</i> : | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | |
| Brief description: Line from <i>Schedule A/B</i> : | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | |
| Brief description: Line from <i>Schedule A/B</i> : | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | |
| Brief description: Line from <i>Schedule A/B</i> : | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | |
| Brief description: Line from <i>Schedule A/B</i> : | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | |
| Brief description: Line from <i>Schedule A/B</i> : | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | |
| Brief description: Line from <i>Schedule A/B</i> : | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | |
| Brief description: Line from <i>Schedule A/B</i> : | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | |
| Brief description: Line from <i>Schedule A/B</i> : | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | |

Fill in this information to identify your case:

| | | | |
|-------------------------------------------------------------------|----------------|-------------|-----------|
| Debtor 1 | First Name | Middle Name | Last Name |
| Debtor 2 | Jodi M Wortman | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: Southern District of Ohio | | | |
| Case number (if known) | | | |

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt**1. Which set of exemptions are you claiming?** Check one only, even if your spouse is filing with you.

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| Debtor 2 Exemptions | Copy the value from Schedule A/B | Check only one box for each exemption | |
| 214 Sand St | \$ 25,510.00 | <input checked="" type="checkbox"/> \$ 25,510.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 2329.66(A)(1) |
| Brief description: Line from Schedule A/B: 1.1 2008 Ford Focus | \$ 2,200.00 | <input checked="" type="checkbox"/> \$ 2,200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 2329.66(A)(2) |
| Brief description: Line from Schedule A/B: 3.1 Household goods - Location: Debtors' residence Misc furniture, value: \$250; Misc Appliances, value: \$250; Misc lawn equipment, value: \$300; Misc tools, value: \$500. | \$ 1,300.00 | <input checked="" type="checkbox"/> \$ 650.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 2329.66(A)(4)(a) |
| Brief description: Line from Schedule A/B: 6 | | | |

3. Are you claiming a homestead exemption of more than \$170,350?

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No
☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
☐ No
☐ Yes

Debtor

Jodi M Wortman

Document Page 26 of 70

Case number (if known)

First Name

Middle Name

Last Name

Part 2: Additional Page

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own Copy the value from Schedule A/B | Amount of the exemption you claim Check only one box for each exemption | Specific laws that allow exemption |
|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| Electronics - Location: Debtors' residence Misc electronics Brief description: Line from Schedule A/B: 7 | \$550.00 | <input checked="" type="checkbox"/> \$ 275.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 2329.66(A)(4)(a) |
| Sports and hobby equipment - Location: Debtors' residence Misc fishing and sporting goods Brief description: Line from Schedule A/B: 9 | \$250.00 | <input checked="" type="checkbox"/> \$ 125.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 2329.66(A)(4)(a) |
| Clothing - Location: Debtors' residence Misc clothing Brief description: Line from Schedule A/B: 11 | \$300.00 | <input checked="" type="checkbox"/> \$ 150.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 2329.66(A)(4)(a) |
| Park National Bank (Checking) Brief description: Line from Schedule A/B: 17.1 | \$1,000.00 | <input checked="" type="checkbox"/> \$ 500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 2329.66(A)(3) |
| Brief description: | \$ | <input type="checkbox"/> \$ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | \$ | <input type="checkbox"/> \$ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | \$ | <input type="checkbox"/> \$ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | \$ | <input type="checkbox"/> \$ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | \$ | <input type="checkbox"/> \$ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | \$ | <input type="checkbox"/> \$ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | \$ | <input type="checkbox"/> \$ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | \$ | <input type="checkbox"/> \$ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | \$ | <input type="checkbox"/> \$ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | \$ | <input type="checkbox"/> \$ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | |

Fill in this information to identify your case:

Debtor 1 Thomas Leland Wortman
First Name Middle Name Last Name

Debtor 2 Jodi M Wortman
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Southern District of Ohio

Case number _____
(if know)

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

| Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
|--------------------------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------|
|--------------------------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------|

| 2.1 | Describe the property that secures the claim: | \$ 19,228.00 | \$ 7,210.00 | \$ 12,018.00 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------|--------------|
| <p>Bridgecrest Creditor's Name 7300 E Hampton Ave Number Street Mesa AZ 85209 City State ZIP Code</p> <p>Who owes the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Date debt was incurred <u>2020</u></p> | <p>2017 Ford Escape - \$7,210.00</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply.</p> <p><input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan)</p> <p><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)</p> <p><input type="checkbox"/> Judgment lien from a lawsuit</p> <p><input type="checkbox"/> Other (including a right to offset) _____</p> <p>Last 4 digits of account number 2001</p> | | | |
| Add the dollar value of your entries in Column A on this page. Write that number here: | | \$ 19,228.00 | | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Fill in this information to identify your case:

| | | | |
|-------------------------------------------------------------------|-----------------------|-------------|-----------|
| Debtor 1 | Thomas Leland Wortman | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | Jodi M Wortman | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: Southern District of Ohio | | | |
| Case number (If known) | | | |

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☐ No. Go to Part 2.
☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

| | | Total claim | Priority amount | Nonpriority amount |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------|--------------------|
| 2.1 | Attorney General of Ohio Priority Creditor's Name Bankruptcy & Collections Enforcement Number Street 150 E Gay St., 21st Floor Columbus OH 43215 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number \$ 0.00 | \$ 0.00 | \$ 0.00 |
| When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify | | | | |
| 2.2 | Crooksville Utility Billing Priority Creditor's Name 98 S Buckeye St. Number Street Crooksville OH 43731 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number \$ 4,039.92 | \$ 4,039.92 | \$ 0.00 |
| When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify | | | | |

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

| After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth. | | Total claim | Priority amount | Nonpriority amount |
|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------|--------------------|
| 2.3 | <p>Department of Treasury</p> <p>Priority Creditor's Name Financial Management Service</p> <p>Number Street PO BOX 1686</p> <p>Birmingham AL 35121-1686</p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>Last 4 digits of account number \$ 0.00 \$ 0.00 \$ 0.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim:</p> <p><input type="checkbox"/> Domestic support obligations</p> <p><input checked="" type="checkbox"/> Taxes and certain other debts you owe the government</p> <p><input type="checkbox"/> Claims for death or personal injury while you were intoxicated</p> <p><input type="checkbox"/> Other. Specify _____</p> | | | |
| 2.4 | <p>IRS</p> <p>Priority Creditor's Name Centralized Insolvency Operations</p> <p>Number Street PO Box 7346</p> <p>Philadelphia PA 19101-7346</p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>Last 4 digits of account number \$ 0.00 \$ 0.00 \$ 0.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim:</p> <p><input type="checkbox"/> Domestic support obligations</p> <p><input checked="" type="checkbox"/> Taxes and certain other debts you owe the government</p> <p><input type="checkbox"/> Claims for death or personal injury while you were intoxicated</p> <p><input type="checkbox"/> Other. Specify _____</p> | | | |
| 2.5 | <p>Ohio Bureau Workers Compensation</p> <p>Priority Creditor's Name Bankruptcy Unit</p> <p>Number Street PO Box 15567</p> <p>Columbus 43215-0567</p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>Last 4 digits of account number \$ 0.00 \$ 0.00 \$ 0.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim:</p> <p><input type="checkbox"/> Domestic support obligations</p> <p><input checked="" type="checkbox"/> Taxes and certain other debts you owe the government</p> <p><input type="checkbox"/> Claims for death or personal injury while you were intoxicated</p> <p><input type="checkbox"/> Other. Specify _____</p> | | | |

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

| After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth. | | Total claim | Priority amount | Nonpriority amount |
|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------|--------------------|
| 2.6 | <p>Ohio Dept Job & Family Services</p> <p>Last 4 digits of account number <u>\$ 0.00</u> <u>\$ 0.00</u> <u>\$ 0.00</u></p> <p>Priority Creditor's Name Bankruptcy Section</p> <p>Number Street 30 E Broad St 32d Floor</p> <p>Columbus OH 43215</p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim:</p> <p><input type="checkbox"/> Domestic support obligations</p> <p><input checked="" type="checkbox"/> Taxes and certain other debts you owe the government</p> <p><input type="checkbox"/> Claims for death or personal injury while you were intoxicated</p> <p><input type="checkbox"/> Other. Specify _____</p> | | | |
| 2.7 | <p>Ohio Dept of Taxation</p> <p>Last 4 digits of account number <u>\$ 0.00</u> <u>\$ 0.00</u> <u>\$ 0.00</u></p> <p>Priority Creditor's Name Bankruptcy Division</p> <p>Number Street PO Box 530</p> <p>Columbus OH 43266-0030</p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim:</p> <p><input type="checkbox"/> Domestic support obligations</p> <p><input checked="" type="checkbox"/> Taxes and certain other debts you owe the government</p> <p><input type="checkbox"/> Claims for death or personal injury while you were intoxicated</p> <p><input type="checkbox"/> Other. Specify _____</p> | | | |
| 2.8 | <p>Perry County Treasurer</p> <p>Last 4 digits of account number <u>\$ 12,471.87</u> <u>\$ 12,471.87</u> <u>\$ 0.00</u></p> <p>Priority Creditor's Name 105 N Main St</p> <p>Number Street</p> <p>New Lexington OH 43764</p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim:</p> <p><input type="checkbox"/> Domestic support obligations</p> <p><input checked="" type="checkbox"/> Taxes and certain other debts you owe the government</p> <p><input type="checkbox"/> Claims for death or personal injury while you were intoxicated</p> <p><input type="checkbox"/> Other. Specify _____</p> | | | |

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

| | | Total claim |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4.1 | <p>AEP Bankruptcy Dept</p> <p>Nonpriority Creditor's Name 1 AEP Way Number Street</p> <p>Hurricane WV 25526-1231 City State ZIP Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number \$ 6,094.00</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Utility Services</p> |
| 4.2 | <p>ARS Account Resolution</p> <p>Nonpriority Creditor's Name 1643 Nw 136th Ave Ste 10 Number Street</p> <p>Sunrise FL 33323 City State ZIP Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number 00** \$ 886.00</p> <p>When was the debt incurred? 2020</p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Agency</p> |
| 4.3 | <p>Bank of Missouri</p> <p>Nonpriority Creditor's Name 4550 New Linden Hill Rd Number Street</p> <p>Wilmington DE 19808 City State ZIP Code</p> <p>Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number 2339 \$ 0.00</p> <p>When was the debt incurred? 2015</p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Notice only</p> |

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

| | | Total claim |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4.4 | <p>Capital One Bank</p> <p>Nonpriority Creditor's Name 15000 Capital One Dr</p> <p>Number Street</p> <p>Richmond VA 23238</p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number ****</p> <p>When was the debt incurred? 2019</p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt</p> <p>\$377.00</p> |
| 4.5 | <p>Capital One Bank</p> <p>Nonpriority Creditor's Name 15000 Capital One Dr</p> <p>Number Street</p> <p>Richmond VA 23238</p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number ****</p> <p>When was the debt incurred? 2019</p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt</p> <p>\$419.00</p> |
| 4.6 | <p>Choice Recovery</p> <p>Nonpriority Creditor's Name 1105 Schrock Rd Ste 700</p> <p>Number Street</p> <p>Columbus OH 43229</p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number 76**</p> <p>When was the debt incurred? 2019</p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Agency</p> <p>\$185.00</p> |

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

| | | | Total claim |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| 4.7 | Choice Recovery Nonpriority Creditor's Name 1105 Schrock Rd Ste 700 Number Street Columbus OH 43229 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number 95** When was the debt incurred? 2019 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Agency | \$ 315.00 |
| 4.8 | Choice Recovery Nonpriority Creditor's Name 1105 Schrock Rd Ste 700 Number Street Columbus OH 43229 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number 51** When was the debt incurred? 2019 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Agency | \$ 271.00 |
| 4.9 | Choice Recovery Nonpriority Creditor's Name 1105 Schrock Rd Ste 700 Number Street Columbus OH 43229 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number 60** When was the debt incurred? 2019 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Agency | \$ 1,860.00 |

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

| | | | Total claim |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------------------|-------------|
| 4.10 | Choice Recovery | Last 4 digits of account number 47** | \$ 691.00 |
| Nonpriority Creditor's Name 1105 Schrock Rd Ste 700 | | | |
| Number Street | | | |
| Columbus OH 43229 | | | |
| City State ZIP Code | | | |
| Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Agency | | | |
| 4.11 | Credit One Bank | Last 4 digits of account number 4975 | \$ 0.00 |
| Nonpriority Creditor's Name PO Box 98875 | | | |
| Number Street | | | |
| Las Vegas NV 89193 | | | |
| City State ZIP Code | | | |
| Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Notice only | | | |
| 4.12 | First Premier | Last 4 digits of account number 0340 | \$ 0.00 |
| Nonpriority Creditor's Name 3820 N Louise Ave | | | |
| Number Street | | | |
| Sioux Falls SD 57107 | | | |
| City State ZIP Code | | | |
| Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Notice only | | | |

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

| | | Total claim |
|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4.13 | <p>Genesis Healthcare System</p> <p>Nonpriority Creditor's Name 2951 Maple Ave. Number Street Zanesville OH 43701 City State ZIP Code</p> <p>Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Services</p> <p>\$ 2,446.00</p> |
| 4.14 | <p>I.C. System, Inc</p> <p>Nonpriority Creditor's Name Po Box 64378 Number Street Saint Paul MN 55164 City State ZIP Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number 4***</p> <p>When was the debt incurred? 2020</p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Agency</p> <p>\$ 897.00</p> |
| 4.15 | <p>USCB Corporation</p> <p>Nonpriority Creditor's Name 761 Scranton Carbondale Number Street Eynon PA 18403 City State ZIP Code</p> <p>Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number ****</p> <p>When was the debt incurred? 2017</p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Notice only</p> <p>\$ 0.00</p> |

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

| | | | | Total claim |
|------|----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|------|-------------|
| 4.16 | Webbank/Fingerhut | Last 4 digits of account number | 3287 | |
| | Nonpriority Creditor's Name | | | \$ 173.00 |
| | 6250 Ridgewood Rd | When was the debt incurred? | 2020 | |
| | Number Street | | | |
| | Saint Cloud MN 56303 | As of the date you file, the claim is: Check all that apply. | | |
| | City State ZIP Code | <input type="checkbox"/> Contingent | | |
| | | <input type="checkbox"/> Unliquidated | | |
| | | <input type="checkbox"/> Disputed | | |
| | Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: | | |
| | <input type="checkbox"/> Debtor 1 only | <input type="checkbox"/> Student loans | | |
| | <input checked="" type="checkbox"/> Debtor 2 only | <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| | <input type="checkbox"/> Debtor 1 and Debtor 2 only | <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | | |
| | <input type="checkbox"/> At least one of the debtors and another | <input checked="" type="checkbox"/> Other. Specify Credit Card Debt | | |
| | <input type="checkbox"/> Check if this claim is for a community debt | | | |
| | Is the claim subject to offset? | | | |
| | <input checked="" type="checkbox"/> No | | | |
| | <input type="checkbox"/> Yes | | | |
| 4.17 | Webbank/Fingerhut | Last 4 digits of account number | 9176 | \$ 0.00 |
| | Nonpriority Creditor's Name | When was the debt incurred? | 2015 | |
| | 6250 Ridgewood Road | | | |
| | Number Street | | | |
| | St Cloud MN 56303 | As of the date you file, the claim is: Check all that apply. | | |
| | City State ZIP Code | <input type="checkbox"/> Contingent | | |
| | | <input type="checkbox"/> Unliquidated | | |
| | | <input type="checkbox"/> Disputed | | |
| | Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: | | |
| | <input checked="" type="checkbox"/> Debtor 1 only | <input type="checkbox"/> Student loans | | |
| | <input type="checkbox"/> Debtor 2 only | <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| | <input type="checkbox"/> Debtor 1 and Debtor 2 only | <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | | |
| | <input type="checkbox"/> At least one of the debtors and another | <input checked="" type="checkbox"/> Other. Specify Notice only | | |
| | <input type="checkbox"/> Check if this claim is for a community debt | | | |
| | Is the claim subject to offset? | | | |
| | <input checked="" type="checkbox"/> No | | | |
| | <input type="checkbox"/> Yes | | | |
| | | Last 4 digits of account number | | \$ |
| | Nonpriority Creditor's Name | When was the debt incurred? | | |
| | Number Street | | | |
| | City State ZIP Code | As of the date you file, the claim is: Check all that apply. | | |
| | Who incurred the debt? Check one. | <input type="checkbox"/> Contingent | | |
| | <input type="checkbox"/> Debtor 1 only | <input type="checkbox"/> Unliquidated | | |
| | <input type="checkbox"/> Debtor 2 only | <input type="checkbox"/> Disputed | | |
| | <input type="checkbox"/> Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: | | |
| | <input type="checkbox"/> At least one of the debtors and another | <input type="checkbox"/> Student loans | | |
| | <input type="checkbox"/> Check if this claim is for a community debt | <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| | Is the claim subject to offset? | <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | | |
| | <input type="checkbox"/> No | <input type="checkbox"/> Other. Specify | | |
| | <input type="checkbox"/> Yes | | | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Choice Recovery

Name

1105 Schrock Rd Ste 700

Number Street

Columbus

OH

43229

City

State

ZIP Code

Choice Recovery

Name

1105 Schrock Rd Ste 700

Number Street

Columbus

OH

43229

City

State

ZIP Code

First Premier

Name

3820 N Louise Ave

Number Street

Sioux Falls

SD

57107

City

State

ZIP Code

Webbank/Fingerhut

Name

6250 Ridgewood Road

Number Street

St Cloud

MN

56303

City

State

ZIP Code

Name

Number Street

City

State

ZIP Code

Name

Number Street

City

State

ZIP Code

Name

Number Street

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.6 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 27**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.6 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 19**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.12 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 2787

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.17 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 0064

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

Total claims from Part 1

6a. Domestic support obligations

6a. \$ 0.00

6b. Taxes and certain other debts you owe the government

6b. \$ 16,511.79

6c. Claims for death or personal injury while you were intoxicated

6c. \$ 0.00

6d. Other. Add all other priority unsecured claims. Write that amount here.

6d. + \$ 0.00

6e. Total. Add lines 6a through 6d.

6e. \$ 16,511.79

Total claim**Total claims from Part 2**

6f. Student loans

6f. \$ 0.00

6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims

6g. \$ 0.00

6h. Debts to pension or profit-sharing plans, and other similar debts

6h. \$ 0.00

6i. Other. Add all other nonpriority unsecured claims. Write that amount here.

6i. + \$ 14,614.00

6j. Total. Add lines 6f through 6i.

6j. \$ 14,614.00

Total claim

| Fill in this information to identify your case: | | | |
|-------------------------------------------------------------------|-----------------------|-------------|-----------|
| Debtor 1 | Thomas Leland Wortman | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | Jodi M Wortman | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: Southern District of Ohio | | | |
| Case number (if know) | | | |

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☐ Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| Person or company with whom you have the contract or lease | State what the contract or lease is for |
|------------------------------------------------------------|-----------------------------------------|
| | |

Fill in this information to identify your case:

Debtor 1 Thomas Leland Wortman
First Name Middle Name Last Name

Debtor 2 Jodi M Wortman
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Southern District of Ohio

Case number _____
(if know)

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. **Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)

☒ No

☐ Yes

2. **Within the last 8 years, have you lived in a community property state or territory?** (*Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.*)

☒ No. Go to line 3.

☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. **In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.**

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

Fill in this information to identify your case:

Debtor 1 Thomas Leland Wortman
First Name Middle Name Last Name

Debtor 2 Jodi M Wortman
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Southern District of Ohio

Case number _____
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY _____

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

- ☒ Employed
☐ Not employed

- ☐ Employed
☒ Not employed

Occupation

AR Tech 3

C&W Facility Services

Employer's name

Employer's address

275 Grove St

Number Street

Number Street

Auburndale, MA 02466-2239

City State ZIP Code

City State ZIP Code

How long employed there? 4 years

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. **List monthly gross wages, salary, and commissions** (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 5,329.49

\$ 0.00

3. **Estimate and list monthly overtime pay.**

3. + \$ 0.00

+ \$ 0.00

4. **Calculate gross income.** Add line 2 + line 3.

4. \$ 5,329.49

\$ 0.00

| | For Debtor 1 | For Debtor 2 or non-filing spouse |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------|
| Copy line 4 here.....→ 4. | \$ 5,329.49 | \$ 0.00 |
| 5. List all payroll deductions: | | |
| 5a. Tax, Medicare, and Social Security deductions | 5a. \$ 962.83 | \$ 0.00 |
| 5b. Mandatory contributions for retirement plans | 5b. \$ 0.00 | \$ 0.00 |
| 5c. Voluntary contributions for retirement plans | 5c. \$ 0.00 | \$ 0.00 |
| 5d. Required repayments of retirement fund loans | 5d. \$ 0.00 | \$ 0.00 |
| 5e. Insurance | 5e. \$ 315.40 | \$ 0.00 |
| 5f. Domestic support obligations | 5f. \$ 0.00 | \$ 0.00 |
| 5g. Union dues | 5g. \$ 0.00 | \$ 0.00 |
| 5h. Other deductions. Specify: Long Term Disability | 5h. + \$ 15.00 | + \$ 0.00 |
| Short Term Disability | \$ 20.92 | \$ |
| | \$ | \$ |
| | \$ | \$ |
| 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h. | 6. \$ 1,314.15 | \$ 0.00 |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. \$ 4,015.34 | \$ 0.00 |
| 8. List all other income regularly received: | | |
| 8a. Net income from rental property and from operating a business, profession, or farm | | |
| Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. \$ 0.00 | \$ 0.00 |
| 8b. Interest and dividends | 8b. \$ 0.00 | \$ 0.00 |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive | | |
| Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. \$ 0.00 | \$ 0.00 |
| 8d. Unemployment compensation | 8d. \$ 0.00 | \$ 0.00 |
| 8e. Social Security | 8e. \$ 0.00 | \$ 0.00 |
| 8f. Other government assistance that you regularly receive | | |
| Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. | 8f. \$ 0.00 | \$ 0.00 |
| Specify: _____ | | |
| 8g. Pension or retirement income | 8g. \$ 0.00 | \$ 0.00 |
| 8h. Other monthly income. Specify: _____ | 8h. + \$ 0.00 | + \$ 0.00 |
| 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. | 9. \$ 0.00 | \$ 0.00 |
| 10. Calculate monthly income. Add line 7 + line 9. | 10. \$ 4,015.34 | \$ 0.00 |
| Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | + | = \$ 4,015.34 |
| 11. State all other regular contributions to the expenses that you list in Schedule J. | | |
| Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. | | |
| Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. | | |
| Specify: _____ | 11. + \$ | 0.00 |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. | | |
| Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies | 12. | \$ 4,015.34 |
| Combined monthly income | | |
| 13. Do you expect an increase or decrease within the year after you file this form? | | |
| <input checked="" type="checkbox"/> No. | | |
| <input type="checkbox"/> Yes. Explain: | | |

Fill in this information to identify your case:

Debtor 1 Thomas Leland Wortman
 First Name Middle Name Last Name
 Debtor 2 Jodi M Wortman
 (Spouse, if filing) First Name Middle Name Last Name
 United States Bankruptcy Court for the: Southern District of Ohio (State)
 Case number (If known)

Check if this is:

- ☐ An amended filing
☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☐ No. Go to line 2.
☒ Yes. **Does Debtor 2 live in a separate household?**
☒ No
☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.
 Do not state the dependents' names.

- ☐ No
☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Son

18

- ☐ No
☒ Yes
☐ No
☐ Yes
☐ No
☐ Yes
☐ No
☐ Yes
☐ No
☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses

4. \$ 0.00

If not included in line 4:

4a. Real estate taxes 31.00
 4b. Property, homeowner's, or renter's insurance 177.00
 4c. Home maintenance, repair, and upkeep expenses 100.00
 4d. Homeowner's association or condominium dues 0.00

Debtor 1 Thomas Leland Wortman
First Name Middle Name Last Name

Case number (if known)

| | | Your expenses |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| 5. | Additional mortgage payments for your residence , such as home equity loans | \$ 0.00 |
| 6. | Utilities: | |
| 6a. | Electricity, heat, natural gas | \$ 913.00 |
| 6b. | Water, sewer, garbage collection | \$ 100.00 |
| 6c. | Telephone, cell phone, Internet, satellite, and cable services | \$ 383.00 |
| 6d. | Other. Specify: _____ | \$ 0.00 |
| 7. | Food and housekeeping supplies | \$ 600.00 |
| 8. | Childcare and children's education costs | \$ 0.00 |
| 9. | Clothing, laundry, and dry cleaning | \$ 130.00 |
| 10. | Personal care products and services | \$ 0.00 |
| 11. | Medical and dental expenses | \$ 0.00 |
| 12. | Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | \$ 260.00 |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books | \$ 75.00 |
| 14. | Charitable contributions and religious donations | \$ 0.00 |
| 15. | Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | |
| 15a. | Life insurance | \$ 0.00 |
| 15b. | Health insurance | \$ 0.00 |
| 15c. | Vehicle insurance | \$ 91.34 |
| 15d. | Other insurance. Specify: _____ | \$ 0.00 |
| 16. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____ | \$ 0.00 |
| 17. | Installment or lease payments: | |
| 17a. | Car payments for Vehicle 1 | \$ 0.00 |
| 17b. | Car payments for Vehicle 2 | \$ 0.00 |
| 17c. | Other. Specify: _____ | \$ 0.00 |
| 17d. | Other. Specify: _____ | \$ 0.00 |
| 18. | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | \$ 0.00 |
| 19. | Other payments you make to support others who do not live with you. Specify: _____ | \$ 0.00 |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. | |
| 20a. | Mortgages on other property | \$ 0.00 |
| 20b. | Real estate taxes | \$ 0.00 |
| 20c. | Property, homeowner's, or renter's insurance | \$ 0.00 |
| 20d. | Maintenance, repair, and upkeep expenses | \$ 0.00 |
| 20e. | Homeowner's association or condominium dues | \$ 0.00 |

Debtor 1 Thomas Leland Wortman
First Name Middle Name Last Name

Case number (if known) _____

21. **Other.** Specify: _____

21. +\$ 395.00
 +\$ _____
 +\$ _____

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22a. \$ 3,255.34

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses.

22b. \$ _____

22c. \$ 3,255.34

23. Calculate your monthly net income.

23a. Copy line 12 (*your combined monthly income*) from *Schedule I*.

23a. \$ 4,015.34

23b. Copy your monthly expenses from line 22c above.

23b. -\$ 3,255.34

23c. Subtract your monthly expenses from your monthly income.
 The result is your *monthly net income*.

23c. \$ 760.00

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

Explain here:

Thomas & Jodi Wortman - Line 21 expenses

| | |
|--------------------------------------|----------|
| Paper towels, facial tissues | \$20.00 |
| Toilet paper | \$40.00 |
| Deodorant, antiperspirant | \$25.00 |
| Bar soap, body wash | \$20.00 |
| Toothpaste, mouthwash | \$20.00 |
| Razors, shaving cream | \$20.00 |
| Shampoo, conditioner, hair spray | \$20.00 |
| Haircuts | \$15.00 |
| Feminine/masculine items | \$25.00 |
| Dishwasher detergent, dish soap | \$15.00 |
| Towels & linens | \$15.00 |
| Over-the counter medications | \$25.00 |
| School supplies for 1 | \$15.00 |
| Pet food, supplies, vet services | \$40.00 |
| Stamps & Stationary | \$30.00 |
| Vacuum bags, light bulbs, trash bags | \$50.00 |
| | <hr/> |
| | \$395.00 |

Fill in this information to identify your case:

Debtor 1 Thomas Leland Wortman
First Name Middle Name Last Name

Debtor 2 Jodi M Wortman
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the Southern District of Ohio

Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ . Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Thomas Leland Wortman

Signature of Debtor 1

X /s/ Jodi M Wortman

Signature of Debtor 2

Date 09/18/2020
MM / DD / YYYY

Date 09/18/2020
MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1 Thomas Leland Wortman
First Name Middle Name Last Name

Debtor 2 Jodi M Wortman
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Southern District of Ohio

Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- ☒ Married
☐ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☒ No
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

| Debtor 1: | Dates Debtor 1 lived there | Debtor 2: | Dates Debtor 2 lived there |
|---------------------------------------------------------------------|----------------------------|---------------------------------------------------------------------|----------------------------|
| <input type="checkbox"/> Same as Debtor 1 _____ Number Street | From _____ To _____ | <input type="checkbox"/> Same as Debtor 1 _____ Number Street | From _____ To _____ |
| _____ City State ZIP Code | | _____ City State ZIP Code | |
| <input type="checkbox"/> Same as Debtor 1 _____ Number Street | From _____ To _____ | <input type="checkbox"/> Same as Debtor 1 _____ Number Street | From _____ To _____ |
| _____ City State ZIP Code | | _____ City State ZIP Code | |

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No
☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Debtor 1

Thomas Leland Wortman

First Name

Middle Name

Last Name

Case number (if known)

Part 2: Explain the Sources of Your Income**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

☐ No☒ Yes. Fill in the details.

| | Debtor 1 | | Debtor 2 | |
|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| From January 1 of current year until the date you filed for bankruptcy: | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$ 50,018.00 | <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$ 0.00 |
| For last calendar year: (January 1 to December 31, <u>2019</u>) YYYY | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$ 59,440.00 | <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$ 0.00 |
| For the calendar year before that: (January 1 to December 31, <u>2018</u>) YYYY | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$ 48,151.00 | <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$ 0.00 |

5. Did you receive any other income during this year or the two previous calendar years?Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

☒ No☐ Yes. Fill in the details.

| | Debtor 1 | | Debtor 2 | |
|-----------------------------------------------------------------------------------|--------------------------------------|---------------------------------------------------------------------|--------------------------------------|---------------------------------------------------------------------|
| | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) |
| From January 1 of current year until the date you filed for bankruptcy: | | \$ | | \$ |
| | | \$ | | \$ |
| | | \$ | | \$ |
| For last calendar year: (January 1 to December 31, _____) | | \$ | | \$ |
| | | \$ | | \$ |
| | | \$ | | \$ |
| For the calendar year before that: (January 1 to December 31, _____) | | \$ | | \$ |
| | | \$ | | \$ |
| | | \$ | | \$ |

Debtor 1 Thomas Leland Wortman
 First Name Middle Name Last Name

Case number (if known) _____

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

- ☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more?

☐ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

☒ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

| | Dates of payment | Total amount paid | Amount you still owe | Was this payment for... |
|---------------------------------------|------------------|-------------------|----------------------|-----------------------------------------------|
| Creditor's Name _____ | _____ | \$ _____ | \$ _____ | <input type="checkbox"/> Mortgage |
| Number _____ Street _____ | _____ | | | <input type="checkbox"/> Car |
| _____ | _____ | | | <input type="checkbox"/> Credit card |
| City _____ State _____ ZIP Code _____ | | | | <input type="checkbox"/> Loan repayment |
| | | | | <input type="checkbox"/> Suppliers or vendors |
| | | | | <input type="checkbox"/> Other _____ |
| Creditor's Name _____ | _____ | \$ _____ | \$ _____ | <input type="checkbox"/> Mortgage |
| Number _____ Street _____ | _____ | | | <input type="checkbox"/> Car |
| _____ | _____ | | | <input type="checkbox"/> Credit card |
| City _____ State _____ ZIP Code _____ | | | | <input type="checkbox"/> Loan repayment |
| | | | | <input type="checkbox"/> Suppliers or vendors |
| | | | | <input type="checkbox"/> Other _____ |
| Creditor's Name _____ | _____ | \$ _____ | \$ _____ | <input type="checkbox"/> Mortgage |
| Number _____ Street _____ | _____ | | | <input type="checkbox"/> Car |
| _____ | _____ | | | <input type="checkbox"/> Credit card |
| City _____ State _____ ZIP Code _____ | | | | <input type="checkbox"/> Loan repayment |
| | | | | <input type="checkbox"/> Suppliers or vendors |
| | | | | <input type="checkbox"/> Other _____ |

Debtor 1

Thomas Leland Wortman

First Name

Middle Name

Last Name

Case number (if known)

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

☒ No

☐ Yes. List all payments to an insider.

| | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
|-----------------------------------------------------------------------------------|------------------|-------------------|----------------------|-------------------------|
| Insider's Name _____ Number Street _____ City State ZIP Code _____ | _____ | \$ _____ | \$ _____ | |
| Insider's Name _____ Number Street _____ City State ZIP Code _____ | _____ | \$ _____ | \$ _____ | |

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

☒ No

☐ Yes. List all payments that benefited an insider.

| | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment Include creditor's name |
|-----------------------------------------------------------------------------------|------------------|-------------------|----------------------|----------------------------------------------------|
| Insider's Name _____ Number Street _____ City State ZIP Code _____ | _____ | \$ _____ | \$ _____ | |
| Insider's Name _____ Number Street _____ City State ZIP Code _____ | _____ | \$ _____ | \$ _____ | |

Debtor 1 **Thomas Leland Wortman**
First Name Middle Name Last Name

Case number (if known) _____

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☒ No
☐ Yes. Fill in the details.

| | Nature of the case | Court or agency | Status of the case |
|--------------------------------------------|--------------------|---------------------------|------------------------------------|
| Case title: _____ Case number _____ | | Court Name _____ | <input type="checkbox"/> Pending |
| | | Number Street _____ | <input type="checkbox"/> On appeal |
| | | City State ZIP Code _____ | <input type="checkbox"/> Concluded |
| | | | |
| Case title: _____ Case number _____ | | Court Name _____ | <input type="checkbox"/> Pending |
| | | Number Street _____ | <input type="checkbox"/> On appeal |
| | | City State ZIP Code _____ | <input type="checkbox"/> Concluded |
| | | | |

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

- ☒ No. Go to line 11.
☐ Yes. Fill in the information below.

| | Describe the property | Date | Value of the property |
|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------|
| Creditor's Name _____ Number Street _____ City State ZIP Code _____ | | _____ | \$ _____ |
| | Explain what happened | | |
| | <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied. | | |
| | Describe the property | Date | Value of the property |
| Creditor's Name _____ Number Street _____ City State ZIP Code _____ | | _____ | \$ _____ |
| | Explain what happened | | |
| | <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied. | | |

Debtor 1

Thomas Leland Wortman

First Name Middle Name Last Name

Case number (if known)

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No
☐ Yes. Fill in the details.

| Creditor's Name | Describe the action the creditor took | Date action was taken | Amount |
|-------------------------------------------------|---------------------------------------|-----------------------|--------|
| <p>Number Street</p> <p>City State ZIP Code</p> | | | \$ |

Last 4 digits of account number: XXXX-

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☒ No
☐ Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No
☐ Yes. Fill in the details for each gift.

| Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | Value |
|-----------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------|-------|
| <p>Person to Whom You Gave the Gift</p> <p>Number Street</p> <p>City State ZIP Code</p> <p>Person's relationship to you</p> | | | \$ |
| <p>Person to Whom You Gave the Gift</p> <p>Number Street</p> <p>City State ZIP Code</p> <p>Person's relationship to you</p> | | | \$ |

Debtor 1

Thomas Leland Wortman

First Name

Middle Name

Last Name

Case number (if known)

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

☒ No

☐ Yes. Fill in the details for each gift or contribution.

| Gifts or contributions to charities that total more than \$600 | Describe what you contributed | Date you contributed | Value |
|----------------------------------------------------------------|-------------------------------|----------------------|-------|
| Charity's Name | | | \$ |
| | | | \$ |
| Number Street | | | |
| City State ZIP Code | | | |

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

☒ No

☐ Yes. Fill in the details.

| Describe the property you lost and how the loss occurred | Describe any insurance coverage for the loss | Date of your loss | Value of property lost |
|----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-------------------|------------------------|
| | Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> . | | \$ |

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

☐ No

☒ Yes. Fill in the details.

| Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-------------------------------------------|
| <p>Marczewski Law Offices, LLC</p> <p>Person Who Was Paid</p> <p>1020 Maple Ave</p> <p>Number Street</p> <p>Zanesville OH 43701</p> <p>City State ZIP Code</p> <p>Email or website address</p> <p>Person Who Made the Payment, if Not You</p> | <p>Debtors paid \$310.00</p> <p>Itemized as follows:</p> <p>\$310.00 for court filing fees</p> | <p>09/2020</p> <p>\$ 310.00</p> <p>\$</p> |

| First Name | Middle Name | Last Name |
|------------|-------------|-----------|
|------------|-------------|-----------|

Case number (if known)

Do not include any payment or transfer that you listed on line 16.

☐ Yes. Fill in the details.

☐ Yes. Fill in the details.

Debtor 1 Thomas Leland Wortman
 First Name Middle Name Last Name

Case number (if known) _____

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

- ☒ No
☐ Yes. Fill in the details.

| Description and value of the property transferred | Date transfer was made |
|---------------------------------------------------|------------------------|
| Name of trust | |

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?
 Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☒ No
☐ Yes. Fill in the details.

| Name of Financial Institution | Last 4 digits of account number | Type of account or instrument | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
|--------------------------------------------------------|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----------------------------------------|
| _____ Number Street _____ City State ZIP Code | XXXX-____ | <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____ | _____ | \$ _____ |
| _____ Number Street _____ City State ZIP Code | XXXX-____ | <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____ | _____ | \$ _____ |

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☒ No
☐ Yes. Fill in the details.

| Who else had access to it? | Describe the contents | Do you still have it? |
|-----------------------------------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------------------|
| Name of Financial Institution _____ Number Street _____ City State ZIP Code | Name _____ Number Street _____ City State ZIP Code | <input type="checkbox"/> No <input type="checkbox"/> Yes |

Debtor 1

Thomas Leland Wortman

First Name

Middle Name

Last Name

Case number (if known)

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

☒ No

☐ Yes. Fill in the details.

| Who else has or had access to it? | | Describe the contents | Do you still have it? |
|-----------------------------------|---------------------|-----------------------|-------------------------------------------------------------|
| Name of Storage Facility | Name | | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Number Street | Number Street | | |
| City State ZIP Code | City State ZIP Code | | |
| City State ZIP Code | City State ZIP Code | | |

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

☒ No

☐ Yes. Fill in the details.

| Where is the property? | Describe the property | Value |
|------------------------|-----------------------|-------|
| Owner's Name | | \$ |
| Number Street | | |
| City State ZIP Code | | |
| City State ZIP Code | | |

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

☒ No

☐ Yes. Fill in the details.

| Governmental unit | Environmental law, if you know it | Date of notice |
|---------------------|-----------------------------------|----------------|
| Name of site | | |
| Number Street | | |
| City State ZIP Code | | |
| City State ZIP Code | | |

Debtor 1 Thomas Leland Wortman
 First Name Middle Name Last Name

Case number (if known) _____

25. Have you notified any governmental unit of any release of hazardous material?

- ☒ No
☐ Yes. Fill in the details.

| Governmental unit | Environmental law, if you know it | Date of notice |
|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|----------------|
| Name of site _____ Number Street _____ _____ City State ZIP Code _____ | Governmental unit _____ Number Street _____ _____ City State ZIP Code _____ | _____ |

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No
☐ Yes. Fill in the details.

| Court or agency | Nature of the case | Status of the case |
|---------------------------------------------------------------------------------------------------------------|--------------------|--------------------------------------------------------------------------------------------------------------|
| Case title _____ Court Name _____ Number Street _____ Case number _____ City State ZIP Code _____ | _____ | <input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded |

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)
☐ A partner in a partnership
☐ An officer, director, or managing executive of a corporation
☐ An owner of at least 5% of the voting or equity securities of a corporation

- ☒ No. None of the above applies. Go to Part 12.
☐ Yes. Check all that apply above and fill in the details below for each business.

| | | |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Business Name _____ Number Street _____ _____ City State ZIP Code _____ | Describe the nature of the business _____ Name of accountant or bookkeeper _____ Describe the nature of the business _____ Name of accountant or bookkeeper _____ | Employer Identification number Do not include Social Security number or ITIN. EIN: ____ - ____ - ____ - ____ Dates business existed From ____ To ____ |
| Business Name _____ Number Street _____ _____ City State ZIP Code _____ | Describe the nature of the business _____ Name of accountant or bookkeeper _____ | Employer Identification number Do not include Social Security number or ITIN. EIN: ____ - ____ - ____ - ____ Dates business existed From ____ To ____ |

Debtor 1

Thomas Leland Wortman

First Name

Middle Name

Last Name

Case number (if known)

Business Name

Number Street

City

State

ZIP Code

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

EIN: _ _ - _ _ _ _ _

Dates business existed

From _ _ _ _ To _ _ _ _

Name of accountant or bookkeeper

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

☐ No

☐ Yes. Fill in the details below.

Date issued

Name

MM / DD / YYYY

Number Street

City

State

ZIP Code

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X

/s/ Thomas Leland Wortman

Signature of Debtor 1

X

/s/ Jodi M Wortman

Signature of Debtor 2

Date 09/18/2020

Date 09/18/2020

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

☒ No

☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1 Thomas Leland Wortman
First Name Middle Name Last Name

Debtor 2 Jodi M Wortman
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Southern District of Ohio

Case number _____
(If known)

Check as directed in lines 17 and 21:

According to the calculations required by this Statement:

- ☒ 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
- ☐ 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
- ☒ 3. The commitment period is 3 years.
- ☐ 4. The commitment period is 5 years.

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

04/20

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income**1. What is your marital and filing status?** Check one only.☐ **Not married.** Fill out Column A, lines 2-11.☒ **Married.** Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

| | Column A Debtor 1 | Column B Debtor 2 or non-filing spouse | | | | | | | | | | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------|----------------------------------------|---------|-------------------------------------------|---------------------|---------------------------------------------------------|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------------------------------------|---------|-------------------------------------------|---------------------|-------------------------------------------------------|---------|
| 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions). | \$ 5,329.49 | \$ 0.00 | | | | | | | | | | | | | | | | |
| 3. Alimony and maintenance payments. Do not include payments from a spouse. | \$ 0.00 | \$ 0.00 | | | | | | | | | | | | | | | | |
| 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed on line 3. | \$ 0.00 | \$ 0.00 | | | | | | | | | | | | | | | | |
| 5. Net income from operating a business, profession, or farm | <table border="1"> <thead> <tr> <th>Debtor 1</th> <th>Debtor 2</th> </tr> </thead> <tbody> <tr> <td>Gross receipts (before all deductions)</td> <td>\$ 0.00</td> </tr> <tr> <td>Ordinary and necessary operating expenses</td> <td>— \$ 0.00 — \$ 0.00</td> </tr> <tr> <td>Net monthly income from a business, profession, or farm</td> <td>\$ 0.00</td> </tr> </tbody> </table> | Debtor 1 | Debtor 2 | Gross receipts (before all deductions) | \$ 0.00 | Ordinary and necessary operating expenses | — \$ 0.00 — \$ 0.00 | Net monthly income from a business, profession, or farm | \$ 0.00 | <table border="1"> <thead> <tr> <th>Debtor 1</th> <th>Debtor 2</th> </tr> </thead> <tbody> <tr> <td>Gross receipts (before all deductions)</td> <td>\$ 0.00</td> </tr> <tr> <td>Ordinary and necessary operating expenses</td> <td>— \$ 0.00 — \$ 0.00</td> </tr> <tr> <td>Net monthly income from rental or other real property</td> <td>\$ 0.00</td> </tr> </tbody> </table> | Debtor 1 | Debtor 2 | Gross receipts (before all deductions) | \$ 0.00 | Ordinary and necessary operating expenses | — \$ 0.00 — \$ 0.00 | Net monthly income from rental or other real property | \$ 0.00 |
| Debtor 1 | Debtor 2 | | | | | | | | | | | | | | | | | |
| Gross receipts (before all deductions) | \$ 0.00 | | | | | | | | | | | | | | | | | |
| Ordinary and necessary operating expenses | — \$ 0.00 — \$ 0.00 | | | | | | | | | | | | | | | | | |
| Net monthly income from a business, profession, or farm | \$ 0.00 | | | | | | | | | | | | | | | | | |
| Debtor 1 | Debtor 2 | | | | | | | | | | | | | | | | | |
| Gross receipts (before all deductions) | \$ 0.00 | | | | | | | | | | | | | | | | | |
| Ordinary and necessary operating expenses | — \$ 0.00 — \$ 0.00 | | | | | | | | | | | | | | | | | |
| Net monthly income from rental or other real property | \$ 0.00 | | | | | | | | | | | | | | | | | |
| | Copy here → \$ 0.00 | Copy here → \$ 0.00 | | | | | | | | | | | | | | | | |
| 6. Net income from rental and other real property | <table border="1"> <thead> <tr> <th>Debtor 1</th> <th>Debtor 2</th> </tr> </thead> <tbody> <tr> <td>Gross receipts (before all deductions)</td> <td>\$ 0.00</td> </tr> <tr> <td>Ordinary and necessary operating expenses</td> <td>— \$ 0.00 — \$ 0.00</td> </tr> <tr> <td>Net monthly income from rental or other real property</td> <td>\$ 0.00</td> </tr> </tbody> </table> | Debtor 1 | Debtor 2 | Gross receipts (before all deductions) | \$ 0.00 | Ordinary and necessary operating expenses | — \$ 0.00 — \$ 0.00 | Net monthly income from rental or other real property | \$ 0.00 | <table border="1"> <thead> <tr> <th>Debtor 1</th> <th>Debtor 2</th> </tr> </thead> <tbody> <tr> <td>Gross receipts (before all deductions)</td> <td>\$ 0.00</td> </tr> <tr> <td>Ordinary and necessary operating expenses</td> <td>— \$ 0.00 — \$ 0.00</td> </tr> <tr> <td>Net monthly income from rental or other real property</td> <td>\$ 0.00</td> </tr> </tbody> </table> | Debtor 1 | Debtor 2 | Gross receipts (before all deductions) | \$ 0.00 | Ordinary and necessary operating expenses | — \$ 0.00 — \$ 0.00 | Net monthly income from rental or other real property | \$ 0.00 |
| Debtor 1 | Debtor 2 | | | | | | | | | | | | | | | | | |
| Gross receipts (before all deductions) | \$ 0.00 | | | | | | | | | | | | | | | | | |
| Ordinary and necessary operating expenses | — \$ 0.00 — \$ 0.00 | | | | | | | | | | | | | | | | | |
| Net monthly income from rental or other real property | \$ 0.00 | | | | | | | | | | | | | | | | | |
| Debtor 1 | Debtor 2 | | | | | | | | | | | | | | | | | |
| Gross receipts (before all deductions) | \$ 0.00 | | | | | | | | | | | | | | | | | |
| Ordinary and necessary operating expenses | — \$ 0.00 — \$ 0.00 | | | | | | | | | | | | | | | | | |
| Net monthly income from rental or other real property | \$ 0.00 | | | | | | | | | | | | | | | | | |
| | Copy here → \$ 0.00 | Copy here → \$ 0.00 | | | | | | | | | | | | | | | | |

Debtor 1 Thomas Leland Wortman
First Name Middle Name Last Name

Document Page 61 of 70

Case number (if known) _____

Column A
Debtor 1Column B
Debtor 2 or
non-filing spouse7. **Interest, dividends, and royalties**


\$ 0.00

\$ 0.00

8. **Unemployment compensation**

\$ 0.00

\$ 0.00

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: 

For you \$ 0.00

For your spouse \$ 0.00

9. **Pension or retirement income.** Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.

\$ 0.00

\$ 0.00

10. **Income from all other sources not listed above.** Specify the source and amount. Do not include any benefits received under the Social Security Act; payments made under the Federal law relating to the national emergency declared by the President under the National Emergencies Act (50 U.S.C. 1601 et seq.) with respect to the coronavirus disease 2019 (COVID-19); payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.

\$ 0.00

\$ 0.00

\$ 0.00

\$ 0.00

+ \$ 0.00

+ \$ 0.00

Total amounts from separate pages, if any.

11. **Calculate your total average monthly income.** Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

\$ 5,329.49

+

\$ 0.00

= \$ 5,329.49

Total average

Part 2: Determine How to Measure Your Deductions from Income

12. **Copy your total average monthly income from line 11.** \$ 5,329.49

13. **Calculate the marital adjustment.** Check one:

☐ You are not married. Fill in 0 below.

☒ You are married and your spouse is filing with you. Fill in 0 below.

☐ You are married and your spouse is not filing with you.

Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents.

Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page.

If this adjustment does not apply, enter 0 below.

..... \$

..... \$

..... + \$

Total

\$ 0.00

Copy here →

— 0.00

14. **Your current monthly income.** Subtract the total in line 13 from line 12.

\$ 5,329.49

Debtor 1 **Thomas Leland Wortman**
First Name Middle Name Last Name

Document Page 62 of 70

Case number (if known)

15. Calculate your current monthly income for the year. Follow these steps:

15a. Copy line 14 here → \$ 5,329.49
 Multiply line 15a by 12 (the number of months in a year). **x 12**
 15b. The result is your current monthly income for the year for this part of the form. \$ 63,953.88

16. Calculate the median family income that applies to you. Follow these steps:

16a. Fill in the state in which you live. OH
 16b. Fill in the number of people in your household. 3
 16c. Fill in the median family income for your state and size of household. \$ 77,642.00
 To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

17. How do the lines compare?

- 17a. ☒ Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, *Disposable income is not determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3.** Do NOT fill out *Calculation of Your Disposable Income* (Official Form 122C-2).
- 17b. ☐ Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, *Disposable income is determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2).** On line 39 of that form, copy your current monthly income from line 14 above.

Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4)

18. Copy your total average monthly income from line 11. \$ 5,329.49
 19. **Deduct the marital adjustment if it applies.** If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.
 19a. If the marital adjustment does not apply, fill in 0 on line 19a. — \$ 0.00

19b. Subtract line 19a from line 18. \$ 5,329.49

20. Calculate your current monthly income for the year. Follow these steps:

20a. Copy line 19b. \$ 5,329.49
 Multiply by 12 (the number of months in a year). **x 12**
 20b. The result is your current monthly income for the year for this part of the form. \$ 63,953.88
 20c. Copy the median family income for your state and size of household from line 16c. \$ 77,642.00

21. How do the lines compare?

- ☒ Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment period is 3 years*. Go to Part 4.
- ☐ Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, *The commitment period is 5 years*. Go to Part 4.

Debtor 1

Thomas Leland Wortman
First Name Middle Name Last Name

Case number (if known)

Part 4: Sign Below

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

X /s/ Thomas Leland Wortman
Signature of Debtor 1

X /s/ Jodi M Wortman
Signature of Debtor 2

Date 09/18/2020
MM / DD / YYYY

Date 09/18/2020
MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

AEP Bankruptcy Dept
1 AEP Way
Hurricane, WV 25526-1231

ARS Account Resolution
1643 Nw 136th Ave Ste 10
Sunrise, FL 33323

Attorney General of Ohio
Bankruptcy & Collections Enforcement
150 E Gay St., 21st Floor
Columbus, OH 43215

Bank of Missouri
4550 New Linden Hill Rd
Wilmington, DE 19808

Bridgecrest
7300 E Hampton Ave
Mesa, AZ 85209

Capital One Bank
15000 Capital One Dr
Richmond, VA 23238

Chex Systems
7805 Hudson Rd Ste 100
St Paul, MN 55125

Choice Recovery
1105 Schrock Rd Ste 700
Columbus, OH 43229

Credit One Bank
PO Box 98875
Las Vegas, NV 89193

Crooksville Utility Billing
98 S Buckeye St.
Crooksville, OH 43731

Department of Treasury
Financial Management Service
PO BOX 1686
Birmingham, AL 35121-1686

First Premier
3820 N Louise Ave
Sioux Falls, SD 57107

Genesis Healthcare System
2951 Maple Ave.
Zanesville, OH 43701

I.C. System, Inc
Po Box 64378
Saint Paul, MN 55164

IRS
Centralized Insolvency Operations
PO Box 7346
Philadelphia, PA 19101-7346

Ohio Attorney General
Bankruptcy Unit
150 E Gay St 21st Floor
Columbus, OH 43215-3191

Ohio Bureau Motor Vehicles
Compliance Unit-Bankruptcy
PO Box 16583
Columbus, OH 43216

Ohio Bureau Workers Compensation
Bankruptcy Unit
PO Box 15567
Columbus, 43215-0567

Ohio Dept Job & Family Services
Bankruptcy Section
30 E Broad St 32d Floor
Columbus, OH 43215

Ohio Dept of Taxation
Bankruptcy Division
PO Box 530
Columbus, OH 43266-0030

Perry County Treasurer
105 N Main St
New Lexington, OH 43764

US Bureau of Fiscal Service - Treasury Dept
PO Box 830794
Birmingham, AL 35283-0794

USCB Corporation
761 Scranton Carbondale
Eynon, PA 18403

Webbank/Fingerhut
6250 Ridgewood Rd
Saint Cloud, MN 56303

Webbank/Fingerhut
6250 Ridgewood Road
St Cloud, MN 56303

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

- **You are an individual filing for bankruptcy,**
and
- **Your debts are primarily consumer debts.**
Consumer debts are defined in 11 U.S.C.
§ 101(8) as “incurred by an individual
primarily for a personal, family, or
household purpose.”

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 — Liquidation
- Chapter 11— Reorganization
- Chapter 12— Voluntary repayment plan
for family farmers or
fishermen
- Chapter 13— Voluntary repayment plan
for individuals with regular
income

**You should have an attorney review your
decision to file for bankruptcy and the choice of
chapter.**

Chapter 7: Liquidation

| | | |
|---|-------|--------------------|
| | \$245 | filing fee |
| | \$75 | administrative fee |
| + | \$15 | trustee surcharge |
| | \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form—the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form—sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

| | | |
|---|---------|--------------------|
| | \$1,167 | filing fee |
| + | \$550 | administrative fee |
| | \$1,717 | total fee |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | | |
|---|-------|--------------------|
| | \$200 | filing fee |
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | | |
|---|-------|--------------------|
| | \$235 | filing fee |
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html.

In Alabama and North Carolina, go to:

<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

LBR Form 2016-1(b)

**UNITED STATES BANKRUPTCY COURT
FOR THE SOUTHERN DISTRICT OF OHIO**
Eastern **DIVISION AT** Columbus

In re: Thomas Leland Wortman & Jodi M Wortman

Case No:

Chapter 13

Debtor(s)

Judge

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR
AND APPLICATION FOR ALLOWANCE OF FEES IN CHAPTER 13 CASE**

I. Disclosure

1. Pursuant to 11 U.S.C. § 329(a) and Fed. R. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services I have agreed to accept \$ 3,700.00

Prior to the filing of this statement I have received \$ 0.00

Balance due \$ 3,700.00

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other persons unless they are members and/or associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

II. Application

5. I hereby apply for an allowance of fees in the amount set forth above. I understand and agree that the Court may approve, without itemization, an allowance of fees not to exceed \$3,700, for rendering the legal services set forth below. If I seek payment of fees in excess of \$3,700, I will file a separate application that sets forth the total amount of the fee requested, and that includes an itemization of all legal services performed, the hourly rate at which the services were performed, and the actual time spent by the case attorney, any other attorney, paralegal or professional person for whom fees are sought. Any request for reimbursement of expenses shall include an itemization of the expenses.
- a. Initial client interview, preparation and signing of any retainer or representation agreement, analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether, and under what chapter, to file a petition in bankruptcy;
 - b. Advising the debtor concerning his or her obligations and duties pursuant to the Code, the Rules, the Local Rules, applicable court orders, and provisions of his or her chapter 13 plan;
 - c. Preparation and filing of any document required by § 521 of the Code, including Official Form 122C-1 and Official Form 122C-2 (if applicable), the petition, schedules, statement of financial affairs and any amendments thereto that may be required;
 - d. Preparation and filing of the chapter 13 plan, and any preconfirmation amendments thereto that may be required;
 - e. Preparation and filing of payroll orders and amended payroll orders, except amended payroll orders prepared in connection with the modification of a plan or the temporary suspension of payments;
 - f. Representation of the debtor at the § 341 meeting of creditors and confirmation hearing, and at any adjournments thereof;
 - g. Filing of address changes for the debtor;
 - h. Review of claims;
 - i. Review of notice of intention to pay claims;
 - j. Preparation and filing of objections to non-real estate and non-tax claims, exclusive of any hearings;
 - k. Preparation and filing of first motion to suspend or temporarily reduce plan payments;
 - l. Representation of the debtor in addressing any routine tax return or tax refund inquiries by the trustee, exclusive of any motion, objection, or hearing;
 - m. Filing of a notice of final cure payment, when filed by the debtor, exclusive of any hearings;
 - n. Preparation and filing of debtor's certification regarding issuance of discharge order;
 - o. Routine phone calls and questions;
 - p. File maintenance and routine case management; and
 - q. Any other duty as required by local decision or policy.
6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

09/18/2020

Date

/s/ Mitchell Marczewski, 0073258

Signature of Attorney
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